

# HOWARD COUNTY HISTORIC CEMETERY GRANT

## APPLICATION INSTRUCTIONS

The Howard County Cemetery Preservation Advisory Board provides information and identifies resources to help preserve cemeteries in Howard County. Small grants are available to help with cemetery information, landscaping, repair and protection.

### **Grant Criteria**

The cemetery project must pertain to a restoration or clean-up effort on one of the inventoried Historic Cemeteries. The purpose of this grant is to encourage restoration, preservation or education at these cemeteries. Grant funds cannot be used to pay for the following: labor (unless the work is contracted to a licensed professional), food for individuals working on the project, supplies or equipment that are not directly needed to complete the scope of work.

This is a 50/50 matching grant for one of the following categories:

- ◆ Outreach: Sign repair or new installation, historic plaque or educational sign
- ◆ Repair: Wall rebuilding or repointing, headstone repair, fence or gate repair
- ◆ Protection: Fence installation around graves or perimeter of property, adding gates
- ◆ Landscape: Native tree planting, landscape planting or clean-up, invasive removal, trash and debris removal

**Submit** this application, along with supporting materials required. Applications may be submitted via drop-off, email or mail. Applications are not accepted via fax. Photos can be original prints, scanned, or printed images attached to the grant application (original photos will not be returned). Please submit all images in color, not black and white.

### **Application Deadline**

The Grant application must be received no later than 5:00 pm, Thursday, February 23, 2017. The grant applicant will be notified of the grant decision by Thursday, March 9, 2017. Projects must begin within 4 months of the grant award.

### **Mailing Address for all submissions**

Howard County Department of Planning and Zoning, 3430 Court House Drive, Ellicott City, MD 21043

### **Application Information**

Questions concerning this application may be directed to Beth Burgess. Failure to provide all required information may result in the rejection of the grant application. For a complete application, the following must be included: contact information for applicant, photos of site, scope of project, schedule of project or task, estimated cost of project, and cost request of grant.

### **Permits May Be Needed**

This grant is for funding of work pertaining to the restoration or clean-up of a historic cemetery in Howard County. Any approval of this grant application is not meant as an approval for historical, structural or any permit approval. Approval may be needed from Historic Preservation Commission (HPC) to obtain a 25% tax credit, or from the Department of Inspections, Licenses and Permits (DILP) for building or grading permits. Those approvals and permits may be applied for at the George Howard Building, 3430 Court House Drive, Ellicott City, MD 21043. Questions regarding tax credits should be directed to HPC staff at 410-313-2350; permitting questions should be directed to DILP at 410-313-2455. Volunteer waiver forms or permission slips is the responsibility of the cemetery owner.

# HOWARD COUNTY HISTORIC CEMETERY GRANT APPLICATION

**SUBMIT 1 COPY of the application** and supporting materials to the Howard County Cemetery Preservation Advisory Board. Applications must be received no later than 5:00 pm, Thursday, February 23, 2017 at the Howard County Government, Department of Planning and Zoning, 3430 Court House Drive, Ellicott City, MD 21043

## Questions or Receipt of Application

Please contact Beth Burgess at 410-313-4341 or bburgess@howardcountymd.gov.

## PROPERTY INFORMATION

Name of Cemetery: \_\_\_\_\_

Address of Cemetery: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Is this property listed on the Howard County Historic Sites Inventory? ☐ Yes ☐ No #HO- \_\_\_\_\_

## APPLICANT INFORMATION

Name of Organization (if any): \_\_\_\_\_

Name of Applicant (please provide only one name for contact purposes): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No. (Cell) \_\_\_\_\_ (Home or Work) \_\_\_\_\_

Email: \_\_\_\_\_ Contact Preference: \_\_\_\_\_

## Cemetery Preservation Advisory Board GENERAL GRANT CONDITIONS:

I hereby certify by the signatures(s) below that the information supplied on this application is correct, complete and budgeted to the best of my abilities. I authorize a site visit from the grant committee and its agents as may be necessary to review this grant application and its scope of work. This right-of-entry shall continue until the grant is complete and the work has been done to its specified scope. I acknowledge that the grant is a 50-50 matching grant. I understand that all the expenses will need to be covered in advance of the grant disbursement. I understand that on completion of the project and approval of the Grant Committee, I may submit for expense reimbursement as outlined in the grant request.

If the Applicant is not the owner of the subject property, the owner's signature authorizing is required.

## SIGNATURE(S):

\_\_\_\_\_  
Applicant or Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner (if different than Applicant)

\_\_\_\_\_  
Date

## FOR STAFF USE ONLY

Application #:

Date Received:

Date Reviewed:

Amount Granted:

## PROJECT SCOPE

Please check the following categories that apply to your grants scope of work:

- ◇ Outreach: Sign repair or new installation, historic plaque or educational sign
- ◇ Repair: Wall rebuilding or repointing, headstone repair, fence or gate repair
- ◇ Protection: Fence installation around graves or perimeter of property, adding gates
- ◇ Landscape: Native Tree planting, landscape planting or clean-up, invasive removal, trash and debris removal

Please describe the cemetery project and the scope of work:

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Who will do the work. Describe the community or contractors (church, scouts, owners, professionals, neighbors, etc.) that will be involved in this project:

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Describe how this project will be maintained or preserved in the future:

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## PROJECT BUDGET

Amount of Grant request \$ \_\_\_\_\_ Total Budget \$ \_\_\_\_\_

Describe Expenses for this Project:

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Proposed Start Date: \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

Have you included photos, plans or any additional information necessary in understanding this project? ☐ Yes ☐ No

Will this project occur regardless of the grant? ☐ Yes, regardless ☐ No, project will not occur